

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006134

FILED
Jun 23, 2009
Secretary of State

Entity Name: CRYSTAL RIVER MERCHANTS, INC.

Current Principal Place of Business:

564 N. CITRUS AVE.
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

564 N. CITRUS AVE.
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 26-3136303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BURKE, DENISE
564 N. CITRUS AVE.
CRYSTAL RIVER, FL 34428 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKE, DENISE
Address: 564 N. CITRUS AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: PE () Delete
Name: HARGREAVES, GAIL
Address: 425 N. CITRUS AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S () Delete
Name: PADGETT, SHARON
Address: 905 NE 7TH AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T () Delete
Name: KRUGER, CHERYL
Address: 6086 WAYWARD WIND LOOP
City-St-Zip: HOMOSASSA SPRINGS, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE BURKE

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date